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		Application Number	10/500,389
		Filing Date	December 28, 2004
		First Named Inventor	Kotoyoshi MURAKAMI
		Group Art Unit	1725
		Confirmation No.	9009
Total Number of Pages in This Submission		Attorney Docket Number	740613-145

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Donald R. Studebaker-Reg. No. 32,815 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	November 1, 2005

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740613-145																				
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<p>In re Application of Kotoyoshi MURAKAMI</p> <p>Application Number 10/500,389 Filed December 28, 2004</p> <p>For FRICTION AGITATION WELDING APPARATUS</p> <p>Group Art Unit 1725 Confirmation No. 9009</p>																						
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td> <td>\$1,020.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> A check to cover the fee is enclosed.</td> <td>11/02/2005 SZEWDIE2 00000041 192380 10500389</td> </tr> <tr> <td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td>01 FC:1253 1020.00 DA</td> </tr> <tr> <td><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380. I have enclosed a duplicate copy of this sheet.</td> <td></td> </tr> </table> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 32,815.</p> <p><u>Donald R. Studebaker</u> Signature</p> <p>Donald R. Studebaker Typed or printed name</p> <p>November 1, 2005 Date</p> <p>(202) 585-8000 Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$1,020.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____	<input type="checkbox"/> Applicant claims small entity status.		<input type="checkbox"/> A check to cover the fee is enclosed.	11/02/2005 SZEWDIE2 00000041 192380 10500389	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	01 FC:1253 1020.00 DA	<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380. I have enclosed a duplicate copy of this sheet.	
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